

L040000 69715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

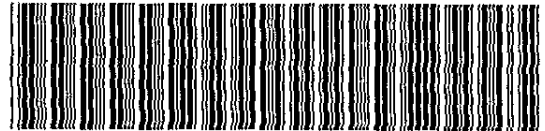
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000041168850

09/21/04 01031-013 **160.00-C

09/21/04--01031--013 **160.00

FILED

04 SEP 21 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/24/04
CWS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ambiente Studio Vetro, LLC.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH GABEL
(Name of Person)

(Firm/Company)

3695 ST. GAUDENS RD.
(Address)

MIAMI, FL. 33133
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH GABEL at (305) 588-9420
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

04 SEP 21 AM 10:32
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ambiente Studio Vetro, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4689 SW 72ND. AVENUE

MIAMI, FL. 33155

Mailing Address:

P.O. BOX 330791

MIAMI, FL. 33233

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

JOSEPH GABEL

Name

3695 ST. GAUDENS

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FLORIDA 33133

City, State, and Zip

04 SEP 21 AM 10:32
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JOSEPH GABEL

3695 ST. GAUDENS RD

MIAMI, FL. 33133

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSEPH GABEL

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
04 SEP 21 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA